

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

APPLICANT(S)

AS FILED				AFTER 1st AMENDMENT				AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3										
TOTAL DEP.	18										
TOTAL CLAIMS	21										